

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Leuton* Town*Caroline* CountyDate of death *1905* Month *Sept.*Day *10*Age *66* Years

Months

Days

Sex *Male*Color or Race *White*Birth-place *Md.*Occupation *Farmer.*Where Residing if not
at place of deathMarried, Single
or Widowed *Married*Name of Wife or
Husband*Mary Anthony*Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary *Heart Disease*

How long

Immediate *Hemorrhage of lungs*

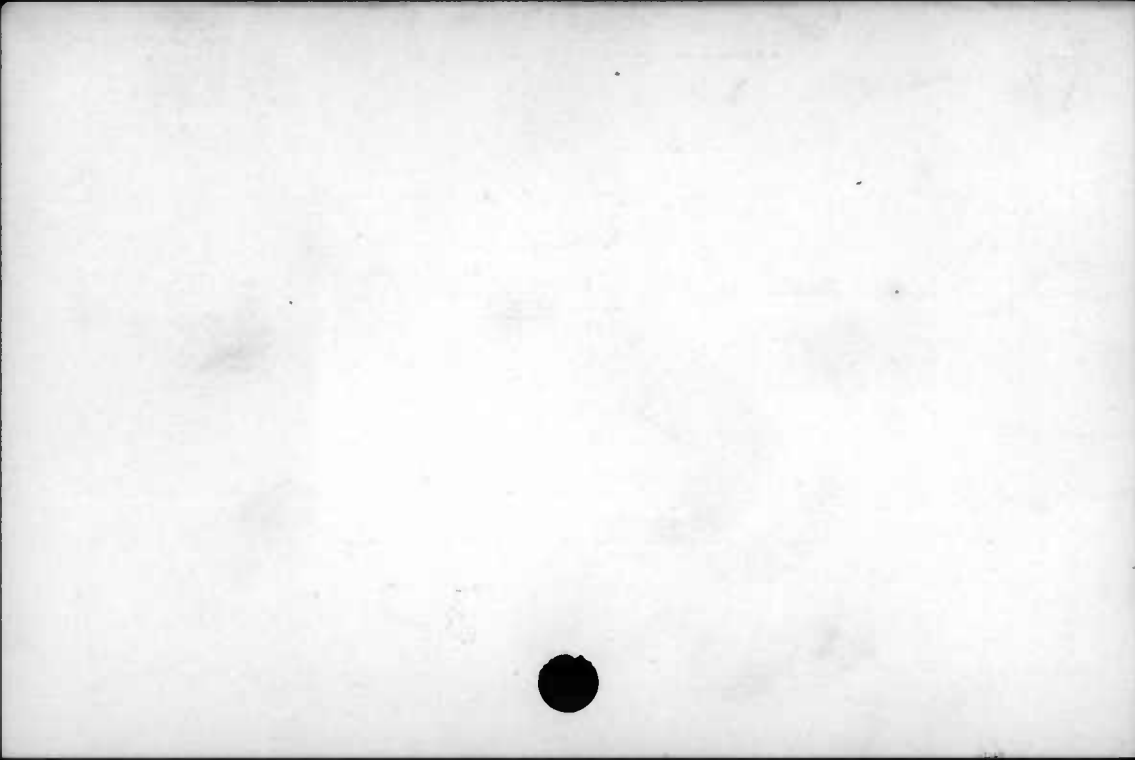
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*J. M. Mielke M.D.*

Address

Leuton Md

Accident or Suicide?



Name
in
Full

Ernette Cook

CERTIFICATE OF DEATH

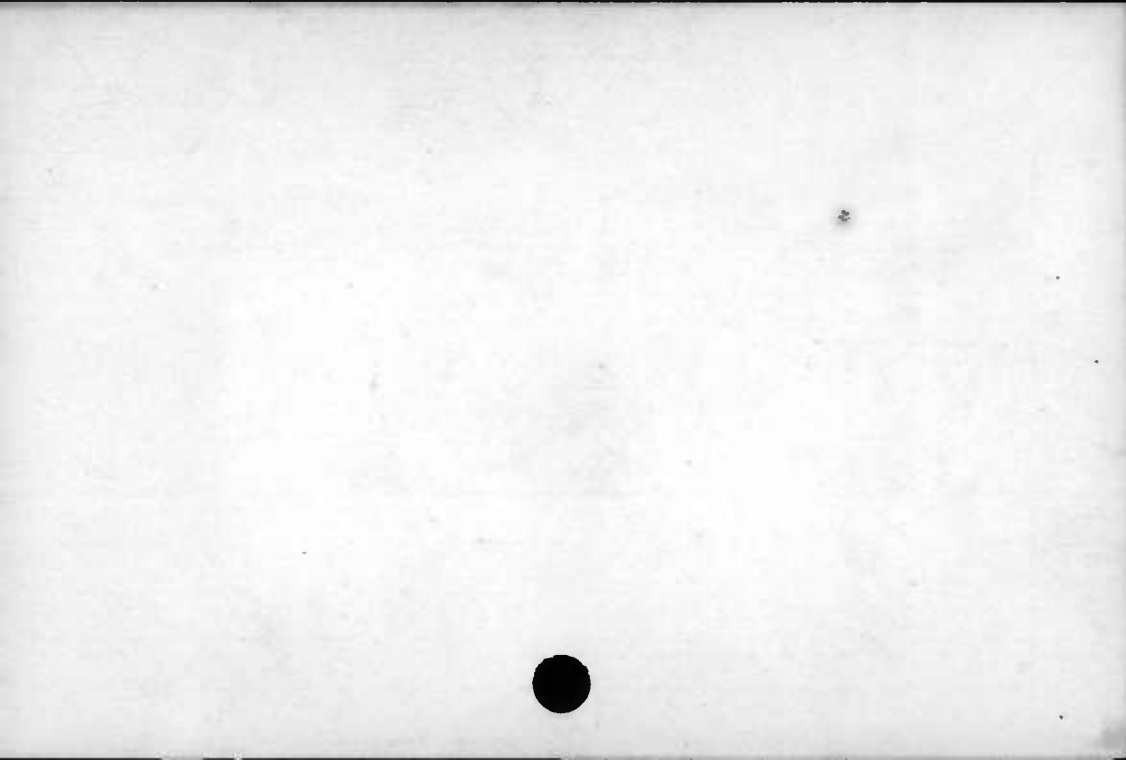
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Denton</u> <small>Town</small>		<u>Caroline</u> <small>County</small>		MARYLAND	
Date of death	<u>1905</u> <small>Year</small>	<u>Sept.</u> <small>Month</small>	<u>8</u> <small>Day</small>	Age <u> </u> <small>Years</small>	<u>3</u> <small>Months</small>
Sex <u>Boy</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>Denton</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>Earnest Cook</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Mary Munch</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>Earnest Cook</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Chorea Infantum</u>	How long <u>105</u>	How long <u>From sleep</u>
Immediate <u>Same</u>	How long <u> </u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>P. R. Fisher</u>	
	Address <u>Denton</u>	
Accident or Suicide? <u>No</u>		<u>Md</u>



Name
in
Full

Greene

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Near* ^{Town} *Hygnson* ^{County} *Caroline*
 Date of death *1905* ^{Month} *Sept* ^{Day} *6* Age ^{Years} *1* ^{Months} *1* ^{Days} *14*
 Sex *Female* Color or Race *Black* Birth-place *Md.*
 Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*
 Father's Name *Deborah Gayth wch* Father's Birthplace *—*
 Mother's Maiden Name *Carrie Greene* Mother's Birthplace *Md.*
 Name of person giving information *Grandfather* How related to deceased *—*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Marasmus* How long *—*
 Immediate *—* How long *—*

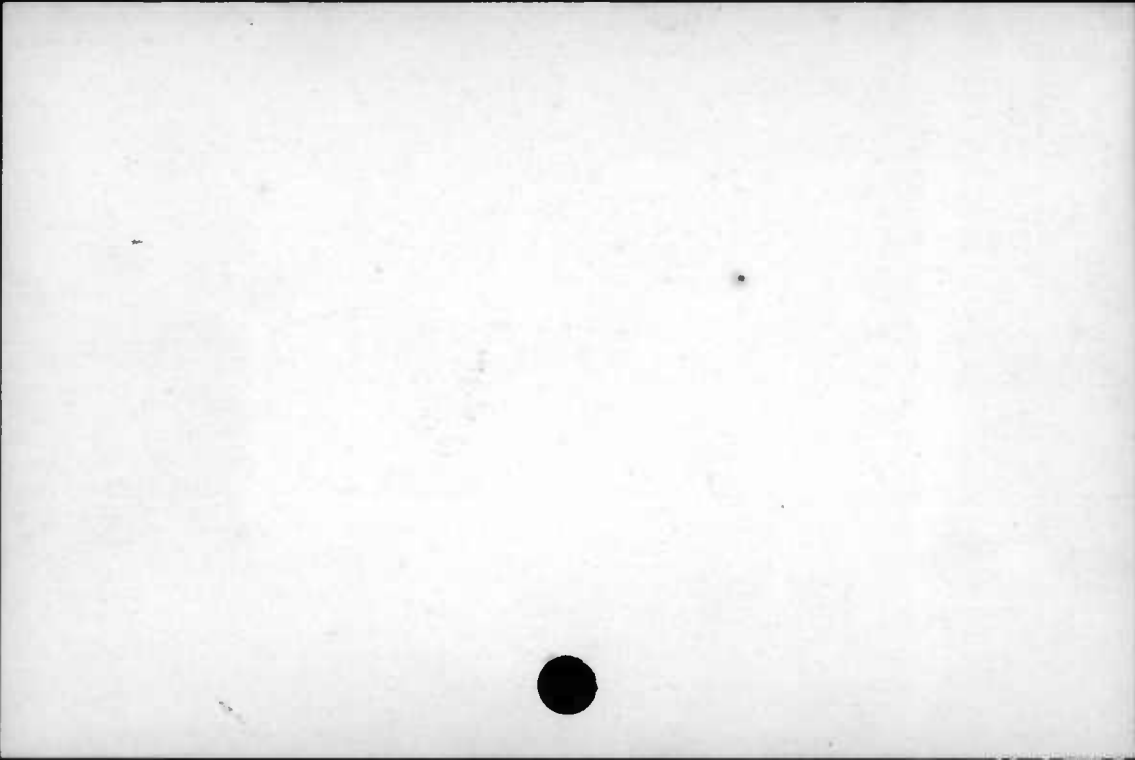
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

J. L. Noble
Conston
Md

Accident or Suicide?



Name
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Lauria Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Pterson</i> Town		<i>Cassine</i> County			
Date of death	<i>1905</i>	Month	<i>Sept</i>	Day	<i>20</i>
		Age	<i>67</i>	Years	
		Months		Days	<i>22</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birthplace	<i>Ms</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>Pterson</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>A.E. Matthews</i>		
Father's Name	<i>Edw Ruchledge</i>		Father's Birthplace	<i>Ms</i>	
Mother's Maiden Name	<i>Mc Camas</i>		Mother's Birthplace	<i>Ms</i>	
Name of person giving information	<i>Joshua Matthews</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Provalley Chronic Nephritis</i>	How long	<i>years</i>
Immediate	<i>" Uracemic Poisoning</i>	How long	<i>11 hrs</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Raymond Downes</i>	
<i>ye</i>		Address <i>Pterson</i>	
Accident or Suicide?			



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Ridgely* ^{Town}

Pindell (M. M.) ^{County}
Caroline

Date of death *1905* ^{Month} *Sept.*

125 ^{Day}

Age *Still born* ^{Years}

— ^{Months}

— ^{Days}

Sex *Male*

Color or Race *White*

Birth-place *Md.*

Occupation *—*

Where Residing if not at place of death *—*

Married, Single or Widowed *—*

Name of Wife or Husband *—*

Father's Name *Thomas N. Pindell*

Father's Birthplace *Md.*

Mother's Maiden Name *Hettie C. Noble*

Mother's Birthplace *Md.*

Name of person giving information *Thomas N. Pindell*

How related to deceased *Father*

CAUSES OF DEATH

Primary *No cause, no*

How long *—*

Immediate *movement for 1 week*

How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician

Address

J. C. Madara
Ridgely Md

—



Name
in
Full

CERTIFICATE OF DEATH

Theodore R. Pritchett
Town *Ridgely* County *Caroline*

MARYLAND

Died at *Ridgely*
Date of death *1905* Month *Sept.* Day *18* Age *11* Years Months Days *19*

Sex *Boy* Color or Race *Colored* Birth-place *Md.*
Occupation *Infant* Where Residing if not at place of death *Ridgely*

Married, Single or Widowed *Infant* Name of Wife or Husband

Father's Name *H.M. Pritchett*

Father's Birthplace *Md.*

Mother's Maiden Name *Mary A. Thomas*

Mother's Birthplace *Md.*

Name of person giving information *Father of child*

How related to deceased

CAUSES OF DEATH

Primary *Cholera Infantum* How long *Two weeks*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

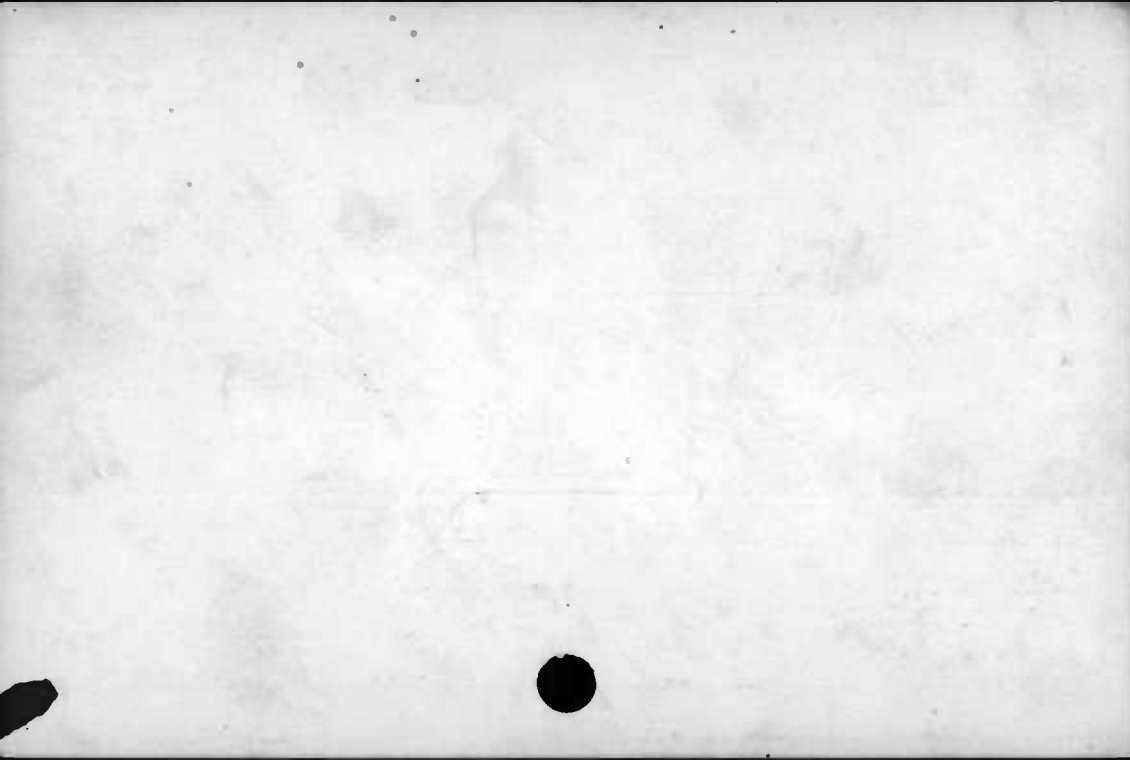
Signature of Physician

H. N. Richards
Address *Ridgely, Md.*

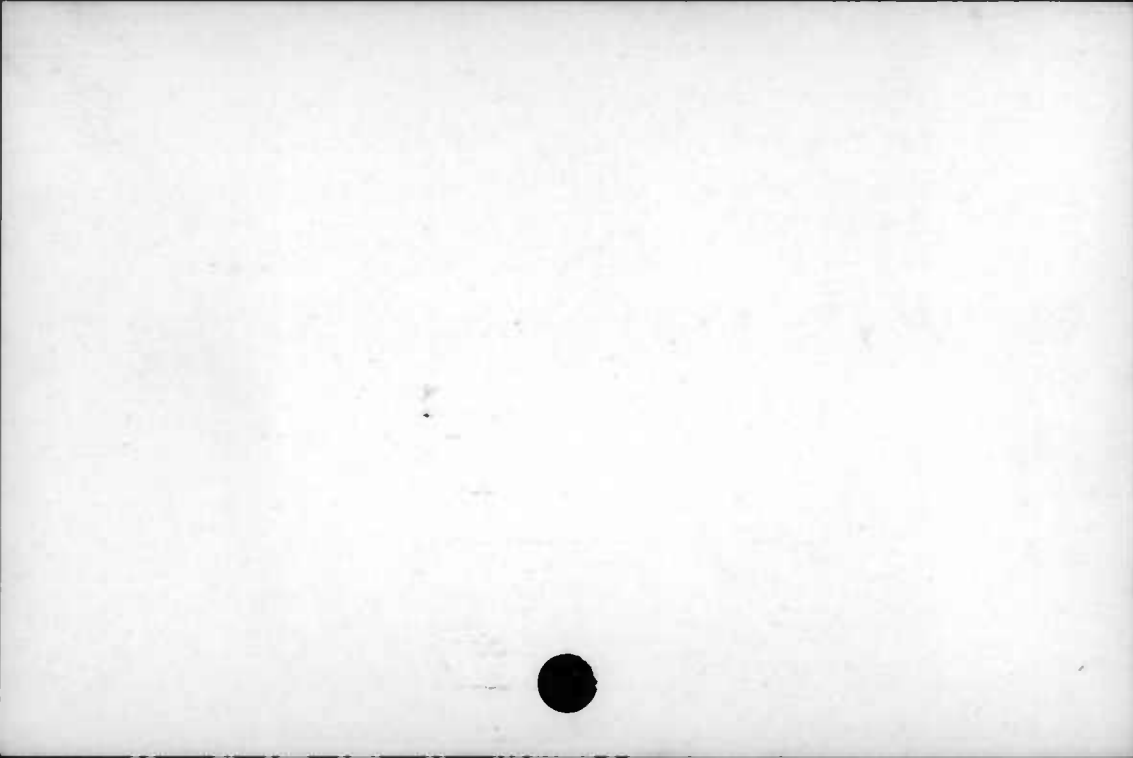
Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full Nellie Stevens		Town Anderson Iowa		County Cowden		CERTIFICATE OF DEATH	
Died at		Date of death		Age		Months Days	
		1905 Sept. 13		14		- -	
Sex		Color or Race		Birth-place			
Female		White		Maryland			
Occupation		Where Residing if not at place of death					
School Child		at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
H. Franklin Stevens		Maryland					
Mother's Maiden Name		Mother's Birthplace					
Emma Scott		Delaware					
Name of person giving information		How related to deceased					
Mr Emma Stevens		Mother					
CAUSES OF DEATH							
Primary		How long					
Sore Throat		14 days					
Immediate		How long					
Heart failure		few minutes					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		Enoch George M.D.					
		Address					
		Decker Cowden Co					
		Md					
Accident or Suicide?							
-							



Name
in
Full -

Hellen Stevas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Andover Town</u>		County <u>Cornwall</u>		MARYLAND	
Date of death	1905	Month <u>Sept</u>	Day <u>27</u>	Age <u>18</u>	Months <u>-</u> Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Maryland</u>			
Occupation <u>Daughter</u>	Where Residing if not at place of death <u>"</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>-</u>				
Father's Name <u>H Franklin Stevas</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Emma Scott</u>	Mother's Birthplace <u>Delaware</u>				
Name of person giving information <u>Mrs Emma Stevas</u>	How related to deceased <u>Mother</u>				

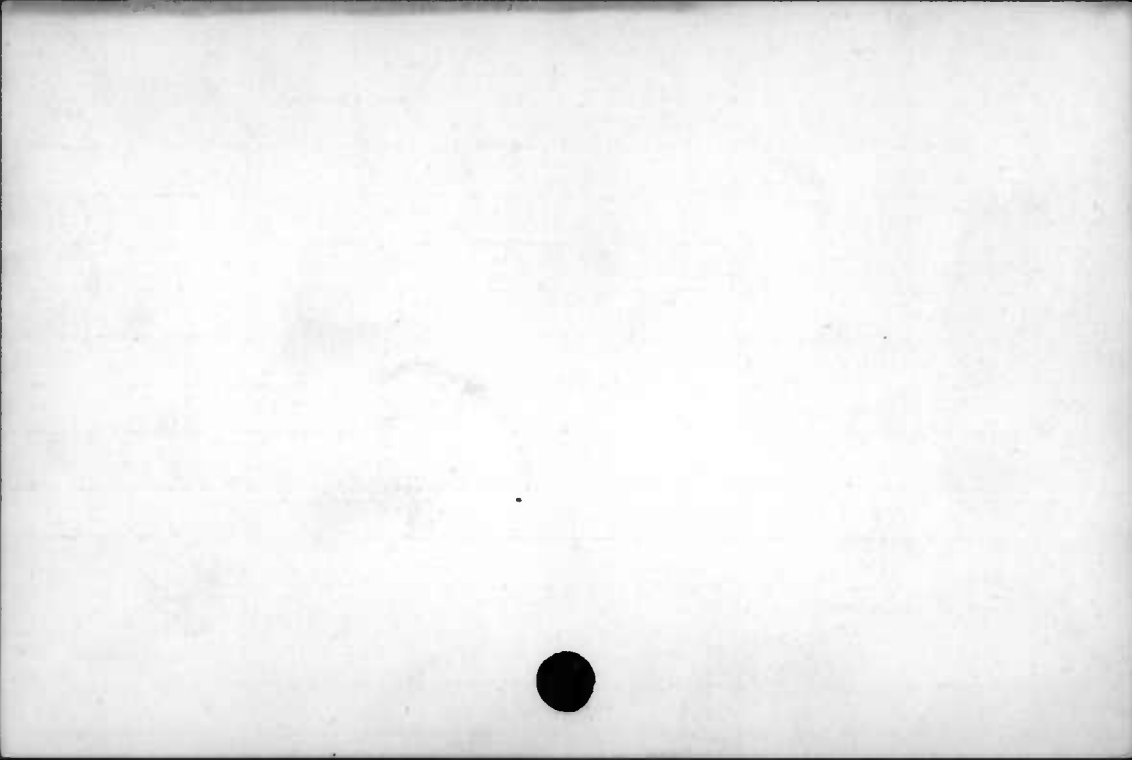
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Dep Thromb</u>	How long <u>5-7 days</u>
Immediate <u>Exhaustion</u>	How long <u>Short time</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Emoch George M.D.</u>
	Address <u>Decker Corn Co</u>
	<u>Will</u>
Accident or Suicide? <u>-</u>	



Name in Full		Fannie Trubitt				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Near Henderson		Caroline		MARYLAND	
	Date of death	1905	Month	Sep.	Day	7	Age	12
	Sex	Female		Color or Race	White		Birth-place	Maryland
	Occupation			Where Residing if not at place of death				
	Married, Single or Widowed	Single		Name of Wife or Husband				
PHYSICIAN OR CORONER	Father's Name		James Trubitt				Father's Birthplace	Delaware
	Mother's Maiden Name		Rachel Irene Pearson				Mother's Birthplace	Delaware
	Name of person giving information		Robert Trubitt				How related to deceased	Brother
	CAUSES OF DEATH							
	Primary	Typhoid fever				How long	5 Weeks	
Immediate	Exhaustion				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. H. M.		
				Address		Henderson		
Accident or Suicide?		md.						



Name
in
Full

Edward S. Wayman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Durham* Town *Caroline* County

MARYLAND

Date of death 1905 *Sept* Month *7* Day Age *27* Years Months DaysSex *Male* Color or Race *Black* Birth-place *Mo of*Occupation *Hunter* Where Residing if not at place of death *Durham*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *Abel W. Wayman* Father's Birthplace *Mo of*Mother's Maiden Name *Sallie Charles* Mother's Birthplace *Mo of*Name of person giving information *Abel W. Wayman* How related to deceased *Father*

CAUSES OF DEATH

Primary *Chronic Gastritis* How long *8 months*Immediate *Peritonitis* How long *2 days*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. B. Fisher*Address *Durham*Accident or Suicide? *No*PHYSICIAN
OR CORONER

